

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	3					
7	3					
8	3					
9	3					
10	4					
11	4					
12	4					
13	3					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	4					
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48						
49						
50	4					
TOTAL IND.	84		84		84	
TOTAL DEP.	39		39		39	
TOTAL CLAIMS	43		43		43	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			84		84	
TOTAL DEP.			39		39	
TOTAL CLAIMS			43		43	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS